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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CATARRHAL AND PURULENT OPH- THALMIA.

BY MARTIN F. COOMES, M.D.,

Assistant to the Chair of Ophthalmology and Otology
in the Hospital College of Medicine, Louisville,
Kentucky.

Read before the Louisville Academy of Medicine,
July 9th, 1875, and published by request.

In bringing this subject before the Academy, it is not my intention to go so much into the details of the pathology and causation of the various forms of catarrhal and purulent diseases of the conjunctiva, as to elucidate some important points in regard to the treatment, which it is hoped may be of particular benefit to the general practitioner who cannot devote his time to the details of specialism.

The various forms may be classified as follows: catarrhal, muco-purulent and purulent. The first of these is characterized by a hyperæmic condition of the conjunctiva, along with hypersecretion of tears and mucus, with a feeling as if sand were lodged beneath the lids. This is purely catarrhal; there is no pus secreted in this form of the disease, and consequently there can be no contagion. Muco-purulent, the next in the scale, has, in addition to the discharge of mucus and tears, a small quantity of pus which renders the disease contagious. The other symptoms are the same as those of simple catarrhal ophthalmia, only in a more aggravated form. Next comes the purulent, in which the discharge is entirely purulent and much more contagious than the muco-purulent. In addi-

tion to the other symptoms of muco-purulent, which are much more aggravated than in either of the above, we often have considerable photophobia and great chemosis, with an oedematous condition of the lids. It is sometimes called contagious or Egyptian ophthalmia. There has been an attempt made by many to distinguish between this and the purulent discharge from the conjunctiva caused by gonorrhœal infection. I have no hesitation in asserting that it is utterly impossible to distinguish the one from the other, as met in practice. The only assurance that a purulent discharge from the conjunctiva is gonorrhœal, is to know that the gonorrhœal matter was put into the eye. The violence which some have set forth as a diagnostic point, is of no importance; for I have seen the lids so oedematous, and such chemosis, that the cornea was almost obscured; while the discharge was so profuse, that in the short period of twenty minutes there would be half a drachm of pus accumulated in each eye.

I am positive that there was no true gonorrhœal infection about these cases; and so it is with all others; to speak of the differentiation, is only a waste of time and an absurdity. Admitting that the differential diagnosis could be made, there would be nothing gained, since the treatment in either case would be the same. As to the causes which produce these forms of conjunctival inflammation, they are not numerous, as some would have us believe.

Malaria, in my opinion, is the most common cause of these troubles. This is made manifest by the marked improvement which occurs in those cases when quinine is administered. The termination of the various forms of conjunctival

diseases under consideration are favorable where the proper plan of treatment is pursued; while, on the other hand, if not treated in the proper manner, one half the patients may be left totally blind, or have vision impaired to such an extent as to render them incapable of pursuing any ordinary occupation. The ninety cases which occurred in my practice during the past year, I think, illustrate the good effects of treatment without the nitrate of silver. Of this number, seven were of the most violent type, attended with great chemosis and tumefaction of the lids; eleven were purulent at the outset, but less violent in type; fifty-four were of the mixed or muco-purulent form, more or less associated with blepharitis papillaris; eighteen had the simple catarrhal conjunctivitis, without complication or sequelae. Marginal ulcers occurred in four of the purulent cases and thirteen of the muco-purulent. In none of the cases did the ulcers perforate. Seventy-four out of the ninety cases had well marked periodical attacks of headache, thirst and general languor, which was promptly relieved by full doses of quinine. Constipation was present more or less in all the cases. The subjects ranged from one week to fifteen years of age, and were most all affected with enlarged lymphatics, chronic otorrhoea, or showed other evidences of strumous taint. The treatment in the purulent cases consisted in the frequent cleansing with warm water and collyria of alum, two grains to the ounce of water. After the discharge began to be diminished in quantity, a solution of cupri sulph., varying from ten grains to a saturated solution, was used, as the cases seemed to require the weaker or stronger solution. This was applied to the everted lid once every two or three days.

I occasionally used tannin, in solution or powder; the strength of the solutions used varied from three to ten grains to the ounce of water, from which much benefit was derived. In eight of the muco-purulent cases the palpebral conjunctiva presented a succulent appearance, and bled freely at the slightest touch. In these cases the white powder, composed of equal parts of calomel and white sugar, rubbed to an impalpable powder, and dusted over the surface of the everted lid, acted most efficaciously.

The early stages of the catarrhal and milder forms of the mixed type were treated chiefly with a ten-grain solution of borax in camphor water, applied every hour or two. In the later

stages astringents were used. In no case was the nitrate of silver used, and I think no one can claim better results.

Out of the whole ninety cases, notwithstanding the presence of corneal ulcers in seventeen, and the tainted constitutions of nearly every one of them, there has not resulted even the slightest impairment of vision. This is certainly a strong argument against the caustic treatment so highly lauded by most all the German and some eminent British writers. German and British practitioners and writers are not the only ones who follow this heroic plan of treatment. Right in our midst there are men who think nothing of applying a forty-grain solution of nitrate of silver to the everted lids. I feel that I am perfectly justified in saying that such practice is outrageous, and deserves the severest condemnation. Within the last two months I have seen two patients that had been treated with solutions of nitrate of silver, and in both instances vision was so much impaired as to render the patient in either case almost totally blind. One of them was a beautiful babe, whose cornea had sloughed and been left opaque in almost every portion, with the conjunctiva almost an olive green. Now tell me where is the propriety of such treatment? tell me who is responsible for the loss of vision in either of the above cases? I have no hesitation in saying that those who ordered or applied the solutions of the nitrate of silver are wholly responsible for the damage done in both cases. A few statistics will show that such a plan of treatment is unwarrantable, and that there can be no excuse given for following such practice when other modes of treatment yield such brilliant results.

"Any one who will read the accounts given by McGregor Vetch, and others, of the prevalence of muco-purulent ophthalmia in Great Britain after the return of the army from Egypt, in 1800, cannot fail to recognize the influence the treatment had in determining results. In 1804, when nitrate of silver was little used, and then in a weak solution only, there was less fatality than in 1806, when nitrate of silver was used in very strong solution. In the Second Battalion of the Fifty-second Regiment, numbering about seven hundred men, there were six hundred and thirty-six cases, including relapses, from August, 1805, to August, 1806. Of these, fifty were dismissed with the loss of both eyes, and forty with that of one. The returns

of Chelsea and Kilmainham Hospitals, on the 1st of December, 1810, show that there were at that time two thousand three hundred and seventeen soldiers a burden upon the public, in consequence of the loss of both eyes from Egyptian ophthalmia. Allowing the same proportion as that reported from the Fifty-second Regiment, there were also at the same time two thousand five hundred and forty-eight totally blind in one eye; making in all a total of four thousand eight hundred and sixty-five men disabled from active military service, on account of blindness.

"Dr. Antonio Saveresi, who had charge of the French Military Hospitals in Egypt, employed general antiphlogistic treatment, and used, locally, alum, with anodyne lotions, frequently. His success was most wonderful. Out of one thousand cases only two persons lost both eyes."

Mackenzie gives the following report of an outbreak of purulent ophthalmia, that occurred on board a French slave ship while at sea:—"There were one hundred and eighty-two men on board, including crew and slaves. The treatment while they were at sea consisted in the application of a collyrium of elder flower water, hot rice poultices to the eyes, and blisters to the nape of the neck; some of the sailors dropped brandy into their eyes, from which they experienced considerable relief. After a voyage of sixty days they reached port; they were then put on good diet, with the local application of spring water and lemon juice. Under this plan of treatment they soon recovered; but there was much irreparable damage done while they were on board, as the following statistics will show:—"Out of the one hundred and eighty-two men, fifty-one lost both eyes, seventeen lost each one eye, eighteen had opacities of the cornea, making in all eighty-six out of the whole number that were permanently injured for life."

These statistics show, first, the great impropriety of using the nitrate of silver. Secondly, that mild astringents do all that could be asked in these cases, and that they are the only safe and reliable remedies. Thirdly, that bad hygienic surroundings, with almost no treatment, is not more injurious than the heroic caustic treatment. And, in fact, could not be worse, since caustic is known to destroy the living tissues, as certainly as any form of disease, no matter how violent.

INTERESTING CASE OF GUNSHOT INJURY,

In the Service of Prof. J. S. Wight, Long Island College Hospital, Brooklyn, N. Y.

REPORTED BY W. C. BURKE, JR., M.D.

R. O. was admitted to the Hospital about eleven o'clock, on the morning of May 5th, 1875, suffering from a gunshot wound on the right side of the head, on a line with the summit of the ear and superciliary ridge, about one and a half inches behind the external angle of the frontal bone. He was rational; the pupils natural; pulse normal; very little hemorrhage. On probing, fracture of the skull was diagnosed and operation decided upon.

The operation was performed on May 7th, at 9 A. M. The patient having been anesthetized, Prof. Wight made a semicircular incision around the external wound, commencing at a point about half an inch behind, and a little below the external opening, and carried to a corresponding point, three quarters of an inch in front. The incision was made down to the periosteum, dividing the middle and anterior temporal arteries, both ends of which were immediately secured by ligature. The temporal fascia was found to be very tense, to relieve which, and give more room, it was divided in a direction upward and backward, with a pair of scissors, to the extent of one-half or three-quarters of an inch. Upon exposing the periosteum around the opening, the fracture was found to involve the frontal, temporal, parietal and great wing of the sphenoid. Five small pieces of detached bone were removed, which left an opening in the skull about five-eighths of an inch wide by seven-eighths long, obliquely from before backward, across two of which pieces sutures were found to pass. A probe would then pass without the slightest resistance, about one and a quarter inches, directly across under the anterior lobe of the cerebrum, between the dura mater and skull, where a body was discovered, supposed to be the ball, but upon attempting to remove it with Tieman's bullet forceps, proved to be the edge of the great wing of the sphenoid at its articulation with the lesser. The ball was afterwards found near the floor of the middle fossa, and removed by a pair of ordinary dressing forceps. There was considerable hemorrhage from some of the branches of the middle meningeal artery, which had been con-

tused and lacerated, but ceased spontaneously in a few moments. The external opening was then partially closed by a few interrupted sutures, and the patient was taken to the ward.

The patient, after recovering from the ether, did well for the first day or two, but complained somewhat of pain. Potass. brom. was administered at intervals during the night, to the amount of forty grains, whenever he was awake. On the 9th or 10th of May he began to show symptoms of cerebral irritation. The pupils commenced to contract; the pulse ranged from 100 to 115 or 120; temperature $102\frac{1}{2}^{\circ}$ to 103° . On the 11th low muttering delirium with carphologia set in. He complained of increased pain in the head when aroused. Small doses of ammon. carb. and half teaspoonfuls of whisky were given every two hours. The delirium and other ataxic symptoms continued until the morning of the 13th, when he died, six days after operation.

Autopsy.—The calvaria having been removed, the dura mater was found to be covered with pus and much thickened under the seat of injury. A minute opening was also found here, admitting a small probe. On opening the dura mater, considerable pus was found. The arachnoid and pia mater were intensely congested. Softening had taken place upon the right side and under surface of the anterior right lobe, to an extent admitting the first phalanx of the thumb. A small piece of bone was also found between the dura mater and skull, in the middle fossa, which had not been discovered during the operation. Death due to suppurative meningitis.

Remarks.—This case was interesting, principally on account of the unusual location of the injury for the operation of trephining, and for the direction and place of final lodgment of the ball. The shot must have been fired in a direction very slightly from before backward. Having spent its force in penetrating the skull, and coming in contact with the thickened portion at the junction of the sphenoid temporal and parietal bones, it was deflected from its course and dropped into the middle fossa. How much the mental condition, both prior and subsequent to operation, contributed to the fatal result (it being a case of suicide and the patient anxious, even after operation, that it should prove fatal) it would be impossible to say.

CASE OF ULCERATION AND PERFORATION OF THE CÆCUM.

BY ROBERT F. NOYES, M. D.,

Of Providence, R. I.

Mr. X., aged 31 years, previously healthy, was found on the morning of November 25, 1874, in bed, in the sitting posture, with severe pains in right iliac region; not increased upon pressure; no tympanitis; pulse 84; temperature natural. The bowels had moved on the previous day. I at once put the patient under the influence of morphia, hoping that I should shortly be enabled to prescribe a laxative, and thereby sweep from the intestinal canal the conjectured irritating material. But as the day advanced, tympanitis and tenderness upon pressure became obvious, whereupon counter-irritation was employed, in the form of sinapisms and turpentine stupes. Twenty-four hours subsequent to the invasion of the attack, pulse 108; temperature $98\frac{1}{2}^{\circ}$; tympanitis increasing, and tenderness upon pressure more exquisite. Twelve hours later, pulse 130, wiry, and more indicative of peritonitis. Hot fomentations of poppies and hops were now added to the treatment already indicated.

When seventy-two hours had elapsed, and when the abdomen had become more and more tympanitic, Drs. George Capron and W. W. Potter being in consultation, the propriety of passing the rectal tube was considered and determined upon, whereupon I passed said tube as far as the sigmoid flexure of the colon; obtained a large amount of flatus and five or six ounces of fluid feces. Shortly after the patient vomited stercoraceous matter. Eighteen hours subsequent to this emesis, pulse 140; respirations eighteen. Seven hours later, upon the suggestion of Dr. W. W. Potter, the propriety of tapping the colon was considered by the physicians in consultation, Drs. Capron and C. T. Gardner. It was agreed that should respiration become more embarrassed, it would be proper to plunge a needle of suitable size into the colon. As time advanced the abdomen did become enormously distended with flatus, the action of the diaphragm seriously impeded, and respiration difficult. At this moment I plunged a needle, $1\frac{1}{4}$ millimetres in diameter, = .05249 in. or 1.2988 lines, into the transverse colon, allowing the gas to escape, which rendered the abdomen comparatively flaccid, and diminished

the respirations from twenty-six to twenty per minute. Upon withdrawing the needle a microscopic examination seemed to demonstrate that the needle had encountered pus in its transit through the abdominal walls. The improvement from tapping the colon was temporary, for in an hour and a half the respirations were twenty-two; pulse 140; extremities cold; and the patient was evidently in articulo mortis. Three hours later, pulse 90 and just perceptible; respiration 30; patient expires.

Brandy and quinine, by rectum and hypodermically, together with iced champagne by stomach, were given as long as life lasted.

An autopsy was made seven hours after death, in the presence of Drs. Capron, Gardner, Potter, and Carver. Upon laying open the abdominal cavity, fluid was found in the peritoneal sack. The small intestines, in particular, were adhered the one to the other, with recent plastic material. No localized obstruction of the intestines was found. The appendix cæci was swollen, giving evidence of active inflammatory action; the apex of which was adhered to the parietal layer of the peritoneum. Within the appendix vermiformis there was found a body about as large as a small marble, arranged in concentric layers. The outer portion of this body was fecal; the nucleus was a raisin seed. A perforation of the intestine sufficiently large to allow of the passage of an ordinary lead pencil was found at the junction of the appendix with the cæcum, which, of course, allowed the intestinal contents to escape into the peritoneal cavity.

The mucous membrane of the small intestines presented some evidence of inflammatory action, by redness. I saw no softening. Diligent search was made for the opening made by the needle the previous night, but all was in vain, nothing could be discovered.

We have, then, ulceration and perforation of the cæcum, half an inch distant from the foreign body lodged in the appendix vermiformis. That the perforation was dependent upon the presence of a foreign body is very certain. That the foreign body in question, found half an inch distant from the site of ulceration, was the cause of the perforation, is not quite so clear. Still, may not this mass have produced ulceration, and then suddenly have rolled into the appendix cæci, or may not other raisin seeds have been the exciting cause, eventually escaping either into the

peritoneal cavity or becoming mixed with fecal matters?

The hypothesis that other raisin seeds were present is rendered the more probable when we consider that the patient was a grocer, and frequently partook of raisins.

The perforation of the cæcum having occurred, it is not strange that pus should have been found in the peritoneal cavity, and that the needle, in its transit through the abdominal walls into the colon, should have encountered a globule or two.

SOME WORDS ABOUT PESSARIES.

BY DR. J. C. C. DOWNING,

Of Dobb's Ferry, N. Y.

Soon after entering upon general practice in the country, having quit the army at the close of the war, I began to encounter cases where I judged that symptoms complained of were dependent upon uterine malpositions. By rest, by the free use of hot water utero-vaginal douches, by vesication of the os and the application of iodine paint to the internal surface of the uterus, etc., etc., most of the symptoms could be, and were, relieved. But, though in many cases there was relief, in but few permanent cures made. I tried the closed lever pessary, and failed in every case, and the result was the same with every other form and variety of pessary, and I experimented with one after another.

At length, in September, 1871, I read, in the *Journal of the Gynecological Society*, of Boston, Dr. Cutter's paper upon "Retroversion of the Uterus." At that time I had a patient—a farmer's wife—whom all means had failed to cure. She was then wearing a Babcock pessary, but she could not tolerate its presence for over three days at a time. Without it she could not stand upon her feet. Her disease, or complaint, was retroversion and prolapse. I sent at once for the loop pessary, and applied it. This occurred nearly four years ago, but she is still wearing that same instrument. It never occasioned her pain or inconvenience; it has enabled her to do all the work of the house; she washes, makes and bakes bread, churns, sweeps, etc., and more, she can ride in a springless farm wagon for a distance of six miles. She has no longer any vesical or rectal trouble, menstruates regularly and painlessly. I have

urged her to remove the pessary, and ascertain whether she cannot now dispense with it entirely, but she says it interferes in no way with her comfort; she is not, in fact, sensible of its presence, and, as she has already worn it nearly four years, she will try it four years longer. This case is a type of several. One young married woman, who is now wearing one of these pessaries, suffered, both before and since marriage, from dysmenorrhœa, to such an extent that she would faint at each period, and for three days have to be kept under the influence of either alcohol or opium; she suffered also from disparunia, so that intercourse had to be incomplete and unsatisfactory. She is now, she says, well in every way. Her trouble was retroflexion and prolapse, together with eversion and hyperæsthesia of the os. Her husband says that he has every reason to believe her statement. Another patient, a virgin of twenty-four years, who worked, and had worked since childhood, in a factory, standing all day, walking morning and night over a mile to and from her work, is now wearing a Cutter's pessary. She began, more than a year previous to my seeing her, to complain of pain in the back, constant feeling of fatigue, dysmenorrhœa, constipation, depression of spirits, hysterical symptoms just previous to menstruation, etc., etc. Rest and treatment gave relief, but not cure: so, reluctantly, and under protest, I was allowed to try a "Cutter"—although, before the adjustment of this, there was so much vulval tenderness or sensitiveness, that frequently the contact of clothing was annoying, yet soon—the uterus being in position—this hyperæsthesia completely disappeared. This patient also refuses to abandon the use of the pessary, because, as she says, it does not in the least annoy her, and she has such a vivid remembrance of her unpleasant and painful experience before and during treatment, that she will not run the risk of retroflexion and prolapse again occurring. For three years she has walked and worked just as well as she ever did.

Thus far I have used the Cutter loop pessary in seven cases, six successfully. Five still continue to wear them; one became pregnant—much to her disgust—and since the birth of the child, two years ago, has not needed it.

In the one unsuccessful case, not only was I foiled, but one of the most eminent of the New York specialists likewise, after many trials, declared his belief that she was a patient that

never could tolerate any pessary, no matter how well adapted, proportioned or adjusted.

P. S.—Since writing the above, I have had a visit from the last mentioned patient. She has now antelexion or version, at least her symptoms warrant that belief, and one week after ceasing to wear it; she says she again feels all right. July 29th.

A CASE OF IMPERFORATE ANUS, IN WHICH THERE WAS A COMMUNICATION BETWEEN THE RECTUM AND THE URETHRA, AND IN WHICH THE AUTOPSY SHOWED ALSO A MALFORMATION OF THE CESOPHAGUS.

Translated from *Gazette des Hôpitaux*, of July 17, 75.

BY JOHN B. ROBERTS, M. D.,
Of Philadelphia.

M. Polaillon recently communicated to the Chirurgical Society of Paris an interesting case of malformation. The child was a male, and when born, presented a faulty development of the superior extremities, which had no radius, and were terminated by clubbed hands. In addition, the condition of imperforate anus was observed. The child soon took the breast, but vomited immediately after each act of sucking. The urine was clear and normal, and was not mixed with meconium, but gas was passed from the urethra.

The day after birth an operation was undertaken for the relief of the imperforate anus. The search for the rectal pouch, situated very high up, presented considerable difficulty, and the bowel was only discovered when the operator had introduced a sound into the urethra; the instrument fortunately passed along the rectal communication, and made a projection at the extremity of the rectum, in the perineal incision. The bowel was then fastened by sutures to the integument, and the incision made, when thirty or forty small balls, resembling the excrement of a rabbit, composed of solid meconium and coated with yellowish mucus, were voided. The vomiting continued, but the respiration was little embarrassed, notwithstanding the large amount of mucus expelled with the air. There was no passage from the bowels, even after the administration of an injection, and a purgative was immediately vomited. The child died a short time subsequent to the operation.

By the autopsy it was found, first, that the

œsophagus terminated in the trachea, which malformation, as only eight or nine cases have been recorded, is rare, though easily explained by the mode of development of these organs in the fœtus. The small and large intestines were normal, and all the meconium had escaped by the passage afforded it by the operation, but it was in the solid state. The existence of a narrow orifice between the anterior surface of the rectum and the canal of the urethra was proved; which is a condition not very rare in cases of imperforate anus among boys.

Attention is called to the following points:—

The solid condition of the meconium causes some hesitation in seeking the rectal pouch, because it does not permit the operator to push the bowel downward towards the perineum, by pressure on the abdomen, as can be done when the meconium is liquid. In this instance the surgeon was forced to prolong the perineal incision backward, and preferred a longitudinal incision of the coccyx by the scissors, to a resection of that bone, as some have recommended. Regarding the communication with the urethra, M. Polaillon thinks that if there had been no irremediable malformation, necessitating the operation, the orifice would have become obliterated; which result he has observed more frequently, however, in cases involving the bladder than where the urethra has been affected. The attachment of the rectum to the integument is useful, and should the sutures cut through the tissues it is probable that union would nevertheless take place if the wound were dressed with proper care.

A Calculus of Steno's Duct, Having for its Origin a Grain of Wheat.

At the same meeting, M. Paquet reported the case of a man, fifty-two years of age, who had had repeated attacks of inflammatory swelling of the cheek and malar region. The abscess had already opened several times into the mouth, before the patient came for treatment. The surgeon found a swelling of the duct of Steno, which was ulcerated at its edges, and he was able, by means of a curette, to extract from its orifice an ovoidal flattened calculus, weighing one gramme, which was followed by the escape of a large quantity of pus. Injections were made into the seat of trouble, and a rapid cure was completed. The examination of the calculus presented an interesting point in regard to etiology, for in its centre was found a grain of wheat.

HOSPITAL REPORTS.

EASTERN DISTRICT HOSPITAL, BROOKLYN, NEW YORK.

SERVICE OF S. J. BRADY, M. D.

Reported by Walter Lindley, M. D., House and Ambulance Surgeon.

Comminuted, Compound, Depressed Fractures of the Skull.

Henry M., æt. 21; German; was admitted to the Eastern District Hospital, June 10th, 1875, at 8.45 o'clock, A. M., with an apparent scalp wound and all the signs of compression of the brain. He had been working in a sugar refinery on the night of the ninth, when a centrifugal machine that was making fourteen hundred revolutions per minute bursted, and a piece about the size of the closed fist struck him over the left eye. After consultation, Dr. Brady made a crucial incision that displayed a depression extending from the left frontal eminence to and including the left supra-orbital arch. It was then found necessary to trephine, in order to elevate the compressing pieces of bone. This was done, and all the pieces of bone removed. The patient soon rallied from the effect of the operation and the anæsthetic, and in a very short time he was perfectly rational, thus confirming the wisdom of the operation. The edges of the flaps were partially coated and a few horse-hair sutures introduced. Cold water dressings were applied to his head, and bromide of potassium prescribed, in twenty-grain doses, to be given every two hours.

11.45 P. M., nine hours after the operation; pulse somewhat irregular, at 84 beats per minute; temperature 99 $\frac{1}{2}$ ° Fahr. He has been sleeping quietly for the last hour.

June 11. Slept well last night. 7 A. M., pulse 86; temperature 100. At 11 A. M. he was given ten grains of hydrarg. chlor. mite. At 8 P. M. he took one ounce of sulphate of magnesia; pulse 90; temperature 100 $\frac{1}{2}$. The left eye appears normal, with the exception of a dilated pupil, but the sight is lost.

June 12. The patient passed another quiet night. At 7 A. M. he was given one half ounce of oleum ricini; pulse 84; temperature 99 $\frac{1}{2}$. At 1 P. M., an enema was administered, consisting of

R. Olei ricini,	℥ss
Saponis,	3ij
Sacchar. flavi,	3j
Aquæ,	Oj. M.

He defecated quite freely between 5 and 6 P. M. 8 P. M., pulse 78; temperature 99.

June 13. 9 A. M., pulse 75. He has a fair appetite. Diet, beef tea and milk. 7 P. M., pulse 72.

June 14. Patient seems to be progressing favorably. 8 A. M., pulse 70. 6 P. M., pulse 74.

June 15. He slept well during the night. 7.30 A. M., pulse 72. 8 P. M., pulse 76.

June 16. He continues to rest well, with no pain. 10 A. M., pulse 76; temperature 99.

June 17. Some oozing from the only opening there is remaining. The discharge is of a sero-sanguineous character. 9 A. M., pulse 74; temperature 99. 7.30 P. M., pulse 78; temperature 99½.

June 18. Everything favorable. 8 A. M., pulse 77.

June 19-22. Pulse has not been above 78, or temperature above 99½.

June 27. Pulse and temperature continue normal. There is slight suppuration from the wound.

July 4. There is still a slight discharge of laudable pus. Patient's appetite good. Until to-day he has taken, at intervals,

R. Olei ricini, ʒss
Olei tiglii, gtt.j. M.

in order to move his bowels, but to-day they acted of their own accord.

July 28. The patient was discharged this morning, in first-rate condition, with the exception of loss of sight in the left eye. The wound is perfectly healed, mind unimpaired, and he has completely recovered.

John W., a German; æt. 24; came walking into the Eastern District Hospital, at 8.30 P. M. July 10, 1875, accompanied by his landlady. He was in a semi-comatose condition, answering no questions and doing everything in a mechanical way.

From his landlady we learned that on the evening of the third instant he had been struck over the left eye with a stone. He has since been under the care of a Grand street druggist, who proposed to "see him through" for one dollar and seventy-five cents. The wound pained him considerably from the first, but on the morning of the sixth instant he went to his work, in a sugar house, but after working for two hours he became dizzy and was obliged to go home. For the last four days he has been confined to the house, except when he went to his druggist for "salve," and has eaten scarcely anything. This morning he apparently lost his reason, and has been in a state of stupor ever since. On examination, a wound was found over the left eye, from which there was a dirty-looking sero-purulent discharge. He was breathing stertorously, and his pupils were very much contracted. With the approval of the consulting staff, Dr. Brady made an incision and discovered a depressed, comminuted, compound fracture of the frontal bone. The fracture was a fraction over an inch in diameter and circular in outline. It was situated about an inch above the left supra-orbital ridge. The Doctor at once proceeded to elevate the depressed bone and remove the fragments, which he succeeded in doing perfectly without trephining. One piece of bone, three-quarters of an inch long and one-quarter of an inch wide, was completely imbedded in the brain substance, and its removal was followed by cerebral hemorrhage, which stopped in a few minutes. After

the removal of all the pieces of bone, the flaps made by the incision were brought loosely together and held in their places by horse-hair sutures, while the original wound was left open. At the close of the operation, but before the patient had recovered from the effects of the ether, his pulse was of about normal strength, and beat at the rate of one hundred per minute. Ice was applied locally, and bromide of potassium prescribed, in twenty-grain doses, every two hours. Less than an hour after the operation he was perfectly rational.

July 11. The patient passed the night quietly, sleeping about half the time, and micturating twice. 9 A. M., pulse 88; temperature 99½; respirations 23. He says he feels well. Ten grains of hydrarg. chloridi. mite., with the same quantity of jalap, were given as a cathartic. 1 P. M., pulse 92, respirations 20. 4 P. M., pulse 82; respirations 24. This afternoon his face and head commenced swelling, and by night he could not open his eyes. At ten P. M. he became restless and slightly delirious. Commenced giving hydrarg. chloridi. mite., in two-grain doses, every two hours.

July 12. 4 A. M., pulse 80; respirations 22, temperature 99½. There is no apparent change in the swelling. He rested quietly after midnight. His pupils are about normal. 5 P. M., temperature 99½; pulse 82. His gums begin to show the effects of the mercury. There is a slight decrease of the swelling on the injured side, but the opposite side is the same as this morning. He has defecated six times during the last twenty-four hours. Reduced the amount of calomel to one grain every two hours.

Midnight. He has been resting well. Swelling greatly reduced. His gums show the usual signs of moderate salivation. Ordered calomel to be stopped altogether, but continue bromide of potassium as from the first.

July 13. 9 A. M., pulse 78; temperature 99; respirations 24. Has taken nourishment at regular intervals during the day. Cold is kept constantly on his head. He is apparently doing well.

July 14. 8.30 A. M., pulse 75; temperature 98½; respirations 23. 8 P. M., pulse 86; temperature 100½; respirations 24. He is perspiring considerably, and seems much duller than usual.

July 15. 8 A. M., pulse 84; temperature 99½; respirations 26. Slept very well last night. 7 P. M., pulse 84; temperature 101½. Patient has been lying in about the same condition to-day as yesterday. Micturates quite freely. His urine, on testing, proved to be normal. As he had not defecated for thirty-six hours, he was given, at ten o'clock this evening,

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July 16. 9 A. M., pulse 87; temperature 101½; respirations 25. He defecated freely at seven o'clock this morning. The stool was thin, of a yellowish-ochre color, and, as our German nurse

expressed it, "very smelly." He is harder to rouse this morning than at any time previous; complains of a "gnawing" pain in his head; pupils normal; some suppuration from the wound; was delicious last night. 8 P. M., pulse 86; temperature 102½; respirations 24.

July 17. 8 A. M., pulse 75; temperature 99½; respirations 20½. His only outward symptom is dullness, which is no doubt partially due to the bromide. 6 P. M., pulse 69; temperature 99½; respirations 21. He has rested well all day, and is not nearly so stupid as he has been on several preceding days.

July 18. 9.15 A. M., pulse 72; temperature 98½; respirations 22. 10 P. M., pulse 86; temperature 99; respirations 24. At eleven A. M. he was given the same cathartic that he took on the 15th inst. During the afternoon his bowels operated several times, and he feels much better this evening.

July 19. 9 A. M., pulse 80; temperature 98½; respirations 20. 8 P. M., pulse 84; temperature 99.

July 20. 8 A. M., pulse 74; temperature 98½; respirations 23. 7.30 P. M., pulse 76; temperature 98½; respirations 25. Patient appears to be doing well. The wound is healing steadily. The bromide was prescribed to-day in ten-grain doses instead of twenty, as heretofore. His appetite is good and he craves something other than the fluid nourishment he has been receiving. Will now permit him to have bread and butter in addition to the beef tea and milk diet. He had a healthy passage from the bowels this evening, without the aid of any special cathartic.

July 21. 9 A. M., pulse 70; temperature 98; respirations 23. 7 P. M., pulse 74; temperature 98½.

July 22. Pulse 72; temperature 98½, at 8 A. M. Stopped all medication.

August 10. Patient has been rapidly improving, and is now fully recovered. The wound has healed completely, and the man is able to resume his regular duties. The length of time between the injury and the operation, and the marked contraction of the pupils when the patient was admitted to the Hospital, are interesting features of this case. The almost miraculous promptness with which the mercury reduced the swelling of the face on the third day of his stay here, is a practical point. As stated previously in the report, horse-hair sutures were used in both cases. That horse-hair is the suture for scalp wounds—if not for all others—has certainly been amply proven. During the last six months the writer of this report has used horse-hair sutures in forty-seven cases of scalp wounds, and has had but one case of erysipelas, and that was in an outdoor patient who went on a spree immediately after his head was dressed.

Jarvis S. Wight, M. D., professor of Surgery in the Long Island College Hospital, was the first to point out the advantages of this suture to the profession in this country, according to the statement of Prof. F. H. Hamilton.

MEDICAL SOCIETIES.

OHIO STATE MEDICAL SOCIETY.

This Society met, for its 30th annual session, at Put-in-Bay, June 17th, Dr. W. W. Jones, President.

We take from the minutes some extracts of general interest, on the question of admitting female physicians.

Professor Hamilton said, in reference to a statement that investigations could not be carried on with the requisite freedom in presence of ladies, that during his teaching in the college at Columbus he had had one lady student during a whole course. He did not know that during that whole time he had refrained from uttering one word which he would have uttered had she not been there. He did not know of anything which he had said that could have made her blush, or him either. That lady was the jewel of the class; the influence of her presence was most excellent. So far from dreading the presence of ladies, he was desirous of it, and thought that it would result in great good. [Applause.]

The ladies were then admitted, without a dissenting voice, and the result was hailed with loud applause.

The Committee appointed at the last meeting to memorialize the General Assembly of the State for the establishment of a Bureau of Health with a sanitary Superintendent, reported that a memorial was presented in the Senate at the last session, accompanied by a bill offered by the Hon. E. D. Potter, which bill was subsequently amended by enlarging the powers and duties of the Superintendent. Another bill was introduced into the House by Dr. Williams, to create a Board to be appointed by the Governor, the Board to have the appointment of the Commissioner.

Both of these bills failed to pass, from want of time, and from the indisposition, on the part of members, to the creation of new offices.

Dr. P. M. Wagenhalls, of Columbus, read an interesting paper on "The Value of Insulation in the Treatment of Rheumatism and some Nervous Affections."

The paper was replete with interesting cases in which the author had used the agent with success, including his own case, that of rheumatism. The paper was discussed by Drs. Dunlap, Herrick, and Hyatt; those gentlemen had not met with the success, in the use of insulation, which Dr. Wagenhalls claimed to have had with it, whose faith in it, as a therapeutic agent, was of a character sufficient to remove mountains. In cases of insomnia, arising from nervous trouble, or overworked conditions of the body, he looked upon it as one of our best agents. He related many cases of this character in which he had tried it with signal success. Four ordinary glass salt-cellars made very good receptacles for the end of the bed-posts.

Dr. W. B. Davis read a paper on the "Relation of Consumption to Life Insurance" (published in the MEDICAL AND SURGICAL REPORTER, July 31), on which Dr. T. A. Reamy, of Cincinnati, remarked:—

I do not intend to discuss the very able paper of my friend, but only make one suggestion. And the propriety of that suggestion arises out of the fact that this paper, which is to be put into the Transactions, will appear as the sentiments of this Society. An enterprise which involves such a large amount of money, and in which so many lives are interested, certainly demands of the medical profession some thought. In listening to the reading of the paper it may have been noticed that its author put it on this ground: that the only parties connected with this whole transaction are the parties insured and the agent who solicits the application. That point is made three times in the paper. The *agent* is peculiarly described, graphically described, poetically described, in every way, as an energetic, impudent man, seeking his living alone. The author assumes that he is a dishonest man, and, therefore, it is also said, by implication, that the agent cares only for his living.

The other assumption is, that the insurance company's only object is to benefit mankind and *not* to make money. Now, I speak as one having connection with an insurance company, and do not hesitate to say that they are organized to make money, and they have a *right* to make money; but this paper implies that their only purpose is to do good to the heirs of men when they die. The profits made by the company are utterly ignored. If this statement is true it is not fair to exclude the deceased from enjoying the benefits of this charitable arrangement, for the more the family is afflicted, the more they ought to have the charity!

The paper claims that the agent only wants the money, and abuses the medical profession for its ignorance. In all his vast experience there is not an instance in which a medical man has kept back anything pertaining to the medical examination which he should have reported. I know personally of two cases where an agent solicited a man who had been nearly dead of hemorrhage, and one company paid a loss where the man died, eighteen months after being insured, of consumption. I have known a number of such cases. What has that got to do with consumption?

If children are included, it will be found that it is not a fact that more of the insured die of consumption than of the uninsured. Their medical reports do not include the children.

The medical examiners are selected largely by the agents; as a gentleman said to me, "I receive, on an average, one letter a week from the company, inquiring whether a certain man is competent to make a medical examination, or whether he is truthful, etc. I am obliged to answer that question negatively or affirmatively. He may have been my neighbor or schoolmate; he may have gone to school

since I saw him, and I don't know whether he has got the learning or not, but I am obliged to answer something, and I do not wish to condemn him."

The companies pay for a medical examination two or three dollars! The author of the paper says you are ignorant. He says you must have special knowledge; must have the power to philosophize upon the probabilities of a man's expectancy, and must have great skill in medical diagnosis. How must a man answer these questions? Upon his honor, and in the interest of the company alone. Upon two obligations, his own morality, and his pecuniary interest, which amounts to two or three dollars! These are the safeguards upon his conduct.

The author of the paper assumes that, as examiners, as doctors, we must examine the history of the family for three or four generations, and must even go so far as to determine whether a man begets the internal or the external organs of his children!

I say this, independently and fearlessly, though I am medical examiner for two or three companies; let the companies select competent physicians, and pay them accordingly; pay them for the time they spend in the labor of making every examination; and let them pay their men in proportion to the amount of the risk the company takes upon the life insured. The infirm are the men who want \$20,000! The suspicious cases are the ones that want the largest risk upon their lives, and the medical examiner is to be paid only two or three dollars. Let the author of the paper, which is admirable, go on and write again upon the subject.

Dr. S. F. Forbes asked the author of the paper whether the statistics read were from insurance statistics or from the mortality reports at large.

Dr. Davis: "They are based largely upon the insurance companies of England."

J. W. Hamilton, of Columbus, said:—

In the first place, I am much pleased with the paper. It is a concise statement of important facts, bearing upon an exceedingly important subject.

The subject of the influence of phthisis upon life insurance has not been, with me, a special study. The subject of life insurance, however, has been the subject of a very great deal of critical and careful study, experience and observation, and I have been impressed for years that the profession, at this point, owed a great deal to itself; that we really occupy a position, in reference to this matter, that does us a very great injustice. That is my present opinion. As a matter of fact, in our vicinity, it amounts to this:—You find an *invalid*, and you will find a man who is *insured*. I think that I am not straining a point in making that statement. I make it as the result of careful investigation and study, and I feel justified in making the statement before this Society, that in my own vicinity it is so. I recollect a case after *this* fashion: One who was a warm friend of mine came to my office one day, and

said to me, "Doc."—I don't allow many men to say that to me, but he had known me all his life and I suffered it with him—"I want you to tell me whether these 'spells' are going to kill me?" He was a very hard drinker. I said, "I have told you a good many times my opinion on that subject." He then said, "because, if they are, I want to get my life insured!" I said, "You certainly understand that life insurance is for healthy persons." Said he: "I know that's the way they talk about it, but when a fellow feels as though he was going to die, he wants to have his life insured." He went on with his drinking, and finally died. No application was made through me. Two weeks or so after he died a policy turned up: I found that it was dated just about the time of that interview. He got insured, and because he was satisfied those "spells" were going to kill him.

Another case: A resident of Madison was affected by an enlarged condition of the parotid gland and cervical ganglia. I venture to say it could be seen, could be recognized as a morbid growth, at a distance of forty rods.

One day a man came into my office, and said he had come all the way from New York, and wanted to know whether this man was going to die or not. He said he had made an application for life insurance, at such a date, that his application was accepted, and a policy had been issued for \$10,000; and he wanted to know whether he had better deliver the policy or not. I declined to answer the question. The thing stopped, only when it had got into that shape.

I recollect another circumstance. A prominent citizen came to my office, and complained of headache. I told him to come back the next day, and, in the meantime, I made an analysis of his urine, and detected Bright's disease. I learned that he had had epileptic seizures. Five or six weeks afterwards I visited him again, and found him in fearful pain, indeed, about dying. The next day I met a man going to make preparations for his funeral. And the next day I met an agent for a certain Life Insurance Company, who had in his pocket a policy of insurance, for \$5000, not yet delivered, and wanted to know what he should do—it being partly paid for. I could not tell him. That policy of \$5000 was paid, less half the premium.

We had some litigation in connection with a life policy, within the past year. In that litigation it turned out as bad as this:—In the first place, the evidence was, that the agent knew that a certain man, uninsured, was in bad health. In the second place, it turned out that the doctor who made the examination knew the man himself, but was supposed not to know his condition. A policy was issued on this invalid's life, for \$5000. and he died sixteen or eighteen months afterward. A post mortem examination revealed cirrhosis of the left lung, which was compressed to the capacity of less than one lobe of the lung, and an enlargement of the right lung, its capacity being increased over sixty per

cent. The diaphragm and liver were carried up to occupy the place of the left lung; the heart carried over to the right side of the sternum. I have no doubt these conditions were present at the time of the examination. The Court, I think, was satisfied of that, yet it allowed that policy to stand. Just what I think it ought to have done. The man himself was the only innocent party in the case. The doctor and the agent were scoundrels!

My deliberate judgment, so far as life insurance in the neighborhood of Columbus is concerned, is, that to the healthy man, who acts in good faith, it is a practical fraud! I don't know where the blame lies. It is pretty badly scattered; but there is one source of it so manifest that I think, as medical men, we ought to fix our attention upon it.

You will find, on careful observation, that in the city of Columbus it is not the first nor the tenth doctor of the place who make these examinations. They are gentlemen who are found on the outskirts of the profession. Somebody is found who is willing to do it *cheap*. Competent men make but few examinations. They are little inclined to make examinations at two or three dollars per head.

H. J. Herrick. "I am glad this discussion has taken place (I do not rise to make a speech); I approve of every word which has been said. I therefore make a motion that these points, which have been so well put, be reported in our Transactions, so as to convey to the public the sentiments of this Association on this important subject." Carried.

W. J. Scott. "Some years ago, when I first moved to Cleveland, I had not much business, and as a matter of business, I made an effort to get some examining to do—at least, if the agents came to me, I took the cases. I found it was customary to pay two dollars. Well, when I hadn't anything to do I could afford to spend a little time with the case. Pretty soon, after I had made several examinations, an agent came to my office and said: 'Doctor, I have an applicant for life insurance; my examining surgeon is not in his office, the man wants to go home, and I want you to examine him for me.' 'Very well, sir,' I said, 'I am at leisure.' I looked over the policy and saw that his part of the performance was all 'O. K.' On examining the applicant I found he had double valvular heart disease. I said to the agent, 'there is no use of sending this application, because it will be rejected.' It was sent on and returned. About two months after this application was sent and returned, another man sent in an application for this same applicant, and a policy was issued on his life for \$10,000. It was sent to the same office and accepted. The Company did not attend to their part well, or they would have known that this man had been reported there before. I have had this gentleman in my eye from that time until the present; and that was nearly ten years ago. He is living yet, but he is now in the very last stages of the con-

dition of anasarca, and this fall will see him in his grave. What is to be done in such cases? The Company ought to pay that \$10,000, in justice to the man, because they paid a man to perform a duty that any fool in the profession (if it is possible for one to get there) ought to have known better than to have done so. This paper does not deal honestly with the profession. I claim, gentlemen, that the profession is qualified to make these examinations as a profession. If we do our duty, as men, to ourselves, our education and our art qualifies us to make these examinations correctly; and if we do not do it correctly, then we are incompetent to make an examination for the Company, and ought not to have the \$2.00. But the \$2.00 is too small a fee. If any decrepid, poor, neglected wretch should come into my office, I would charge him \$5.00 for a similar examination, and these rich companies ought to pay \$5.00 or \$10.00, according to the gravity of the examination, for every case submitted to the examining surgeon.

"There are some questions that might be brought out by the discussion of this paper, which are of the greatest importance to us as a profession, but I think I will make but one point in that way. I meet, almost every day of my life, people who, unquestionably, have tuberculosis. Many of them are applicants for life insurance (and God knows they need life insurance worse than any other class, because they will die soon and leave families in want); but it is not this class of people the insurance companies propose to take care of. The Poor Laws of the State are made to take care of them, and it is unjust to the profession that we should degrade our skill, and our knowledge, in putting these men into life insurance companies, when we know they will die in a few years with tubercular consumption. It ought not to be so. The statistics which have been read here to-day are a standing reproach to us as a profession. Every physician should be competent to determine the question whether a man has tuberculosis or heart disease, at once, and every application which states that the applicant has either one of these diseases ought to be rejected. The more these applicants feel the pressure of disease upon them, the greater amount of insurance do they seek, because they don't expect to pay a great amount of money in premiums before their families can claim the amount of the policy.

"Another point upon the vital statistic question is this: I meet, almost every day, persons who have incipient consumption. And I often find their fathers and mothers are living and in good health; that their grandfathers and grandmothers have lived to good old age, and none of their brothers and sisters have died of consumption. Now, is tubercular consumption always a hereditary complaint? It is not always so. It is not necessarily so. Therefore, if we are wide awake to these questions, we will see that because a man's brothers or sisters, who otherwise have a good family record, have died of

consumption, it need not necessarily affect him.

"Now, gentlemen, with these remarks, I resign the floor; I simply wanted to add my testimony to what has been said, that the profession so far might think upon these questions. Many of these examinations are made in such a way as not to do credit to the physician who made the examination, but do great discredit to his skill afterwards. Not because he is incompetent, but because he neglects to perform well his duty. I know this is so from what I have observed on the subject. Every physician making an examination should make it with such rigid scrutiny that these points will be developed. That is the way. Then, such a set of statistics as have been read here to-day would not be possible."

Dr. W. B. Davis said: Before the question of reference to the Advisory Committee is put, I wish to occupy about a minute of the Convention's time, rather for the purpose of correcting some misapprehensions on the part of the gentlemen who have spoken, than to enter into the discussion.

The gentleman first on the floor after the reading of the paper said the paper charged the insurance agents with being dishonest. I wish to state, in general terms, and specifically, that the reading of the paper, and its phraseology, does not so do. I disclaim that position. The gentleman also said the paper contained unjust imputations against medical gentlemen employed as examiners. He will remember that I stated distinctly, that, after an experience of eight years, as medical director of a company having sixteen hundred examiners on its books, I had never met with a single instance where I knew of a single one of all of them to misstate any of the facts.

He then claims that the paper further casts imputations upon the profession by saying that it contains incompetent men. It will be remembered by those of you who followed me closely, that I stated, that while there were many competent men as examiners, who discharged their duties well and conscientiously, there were others who did not do it carefully, and others who had not intellect and sufficient culture to be worthy members of the profession. And I wish to call attention to the fact that the gentleman himself, and the members following, used language reflecting more upon the profession than I did. No one present thinks more of the profession than I do; and gentlemen not high up in the ranks of our profession are competent in every way, and I should be the last one to place myself in a position of being accounted a slanderer of my profession.

One gentleman stated, with reference to an examiner and agent, coupling them together, that they were both scoundrels! The gentleman stated that he knew of a medical examiner who passed a man far advanced in phthisis. I do not think the language I have used in my

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paper will at all admit of the construction the gentlemen have put upon it.

In reference to the point I made, that consumption rarely presented itself before the age of sixteen, the gentleman has differed from me; but I gave some good authorities, while he

gave none; and the statement he made is worth just what his individual statement is worth, and no more.

The other questions spoken of were not questions considered in my paper at all.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Hypodermic Treatment of Indolent Enlargements of the Cervical Glands.

Dr. Morell Mackenzie, Physician to the Hospital for Diseases of the Throat, and lately Physician to the London Hospital, says, in the *Medical Times and Gazette*:—

Indolent glandular enlargements should be either cured radically or left altogether untreated. Half-measures only give rise to disappointment and cause disfigurement. An enlarged gland may be a slight blemish, but when it has been blistered, poulticed, painted with iodine, incised, or subjected to any of the various modes of treatment recommended in such cases, it often becomes a deformity.

As a rule, parents and young ladies are very desirous to get rid of these glandular swellings, not only on account of the disfigurement which they occasion, but because they are regarded as blots on the family escutcheon. It becomes important, under these circumstances, not only to disperse the tumors, but to leave behind as slight traces of their previous existence as possible. For the last eighteen months I have been engaged in trying various remedies, hypodermically, with a view of curing indolent glandular swellings. I have tried solutions of pepsine, with and without dilute hydrochloric acid, dilute hydrochloric acid alone, dilute acetic acid, tincture of iodine, alcohol, solution of nitrate of silver, solution of chloride of zinc, and several other remedies.

In carrying out hypodermic treatment the cure may be effected either by resolution or by destruction. In the former case absorption takes place; in the latter the injection is followed sooner or later by suppuration. It is desirable, if possible, to cure by resolution. I have found acetic acid, as recommended by Dr. Broadbent for the treatment of certain kinds of cancer, the most useful remedy for this purpose. With this agent I have treated twenty-seven cases; of these fifteen were completely cured by resolution, four were greatly benefited, in five suppuration took place, and three patients discontinued treatment without any decided effect having been produced. I have used the ordinary dilute acetic acid of the British Pharmacopoeia, and have generally injected from five to

twenty drops, according to the size of the gland to be treated, seven or eight drops being an average dose. The injection should not be made more than once a week. The fluid should be injected well into the middle of the gland. Suppuration has generally resulted from the solution having been injected either too frequently or too superficially. If suppuration take place, the fluid should be drawn off with a hypodermic syringe or aspirator. The average duration of treatment by resolution is three months.

For treatment by destruction and suppuration, a solution of nitrate of silver answers best. The solution should be of the strength of one drachm to the ounce, and not more than three to five drops should be used. Considerable interstitial destruction is generally produced after three or four injections, sometimes after a single injection. When pus forms, it should be drawn off as already directed. Treatment by destruction, if successful, is rather more rapid than that by resolution, but induration of the outer portion of the gland sometimes follows the treatment, and interferes with its success. I have treated five cases in this way; in three of them the cure was complete, in two incomplete. The treatment by pepsine and dilute hydrochloric acid was rapid, but was twice followed by superficial sloughs of the skin, and for that reason I abandoned it.

The Pulmonary and Cardiac Complications of Abdominal Tumors.

This was the subject of a paper before the Royal Medical and Chirurgical Society, by Dr. W. H. Day.

The author first described some of the effects of solid or cystic abdominal tumors, and of large collections of fluid in the peritoneal cavity, in displacing the thoracic organs, and inducing a long series of constitutional and local symptoms. He showed the importance of ascertaining the condition of the lungs and heart before deciding upon the removal of fluid or of tumors from the abdominal cavity. He examined the effects of rapid and of gradually increasing pressure upon the thorax, and also the results of the rapid removal of pressure by tapping or by the removal of a tumor, advocating the gradual removal of

pressure whenever practicable, and giving several instances to prove the utility of venesection in cases where portions of lung which had been compressed have rapidly expanded, and congestions or hepatization have followed. He also gave instances in which organic diseases of the lung have been relieved after the pressure which aggravated the symptoms had been removed. He compared the pulmonary symptoms which often follow operation on the abdomen with the more ordinary forms of bronchitis or pneumonia, and gave practical details of treatment in different classes of cases. The author ended his paper by endeavoring to enforce the two following conclusions:—1. The surgeon who treats cases of abdominal distention must not overlook the pulmonary and cardiac complications which are due to compression or displacement. 2. The success of operations for the removal of abdominal tumors may be increased or diminished by careful examination of the state of the chest before operation, and by equally careful attention after the operation, not only to the parts involved in the surgical proceedings, but also to those changes in the blood and in its circulation through the heart and lungs, and to the effects on these organs which are due to sudden removal of pressure alone, or to other causes of considerable elevation in the temperature of the blood.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. CHARLES DENISON, of Denver, has given the climate of Colorado closer study than any other person we know. His last contribution to its definition is entitled "The Influence of the Climate of Colorado on the Nervous System." Richards, publisher, Denver, Col., pp. 16. Reprint from the *Archives of Electrology*. His conclusion is curious:—"I do not expect to see very profound logical treatises emanate from much greater elevations than this."

—It gives us pleasure to commend the spirit in which an essay by Dr. ALEXANDER HUTCHINS, of Brooklyn, is written. Its title is "The Physiological Reason Why. An Essay on School Hygiene, with reference to the Physiological Relations of Age and Sex to Mental and Physical Education." The New York State Medical Society awarded it a prize at its last meeting. Though the theoretic discussions of sex-difference and brain-growth do not satisfy what seem to us the latest demands of science,

the general tone and practical teaching of the author are most praiseworthy.

BOOK NOTICES.

Cyclopedia of the Practice of Medicine. Edited by Dr. H. VON ZIEMSEN. Vol. iii. Chronic Infectious Diseases. New York, Wm. Wood & Co.

The third volume of this important work embraces "Syphilis," by Dr. Bäumlér; "Infection by Animal Poisons," by Dr. Otto Bollinger; and "Diseases from Migratory Parasites," by Dr. Heller. What we have already said of the thorough handling of the subjects in previous volumes, applies with equal force to the present one. Nowhere, perhaps, is there more need for discretion than in giving a review of the history, nature and treatment of syphilis. Dr. Bäumlér does it in a model manner. With a thorough acquaintance with its immense and conflicting literature, he sifts it admirably. On the question of origin, he pronounces in favor of its substantial novelty at the close of the Fifteenth century, but doubts the story of its importation by Columbus. The question of the unity and duality of the virus is discussed at length, and is shown to be not a simple but a very complex one. Dr. Bäumlér, in calling a chancre or soft chancre, by the general name *chancre* (p. 108), has added still further to the ambiguity of his subject. That the soft chancre develops "in twenty-four hours," while the true syphilitic papule does not occur until "three or four weeks," of incubation, is to our mind a wholly incorrect picture of the disease in this country.

The diseases treated by Dr. Bollinger are glanders, anthrax, hydrophobia, foot and mouth diseases, and bites and stings. Just now, in the dog days, hydrophobia has special interest. He gives the prognosis of the developed disease as absolutely bad; in prophylaxis he trusts mainly to suction. The incubations of ten or twelve years he calls "purely mythical." We happen to know of one fatal case this summer where the incubation was certainly nine years. It occurred at Howelville, in this State.

In the contribution of Dr. Heller, the subjects treated are echinococcus, cysticercus, cellulosa and trichinae.

In translation and in typographical appearance the volume is in all respects equal to its predecessors.

THE
Medical & Surgical Reporter,

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D. G. BRINTON, M.D., EDITOR.

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THE NEED OF INSTRUCTION ON SEXUAL
 HYGIENE.

Among the *Clinical Lectures* of Sir JAMES PAGET, is one on Sexual Hypochondriasis, in which he comments on the singular ignorance of the civilized portion of the human race about sexual acts. He says:—

"Brutes copulate as naturally as they eat or defecate. It is the same, I believe, with the least civilized of the human race; but it is not so with the most civilized. * * * Among ourselves it is certain that the method of copulating needs to be taught, and they who are not taught remain in ignorance of it. * * * A few grow up, and even marry, in complete ignorance; and this ignorance, which is rare among men, is very common among educated women. (p. 271).

By a coincidence, doubtless, Dr. JOHN TODD HUNTER, of Dublin, in a Report on Mental Diseases, in June last, refers to the same subject. In view of it, he thinks that, as we are often taught the procreation of children is the main

object of marriage, some instruction about it were advisable.

"The truth is that a large portion of the sexual vice and disease which exist arises from gross ignorance, in both sexes, of the simplest laws of sexual hygiene. At present the general run of boys and girls are suffered to arrive at puberty totally ignorant of the nature of the sexual functions then established, or deriving a half-knowledge from the worst possible sources. To many girls the first occurrence of menstruation, the consummation of marriage, and the occurrence of pregnancy, are matters of disgust and horror; while boys are liable to fall into all sorts of evil habits without a thought of the fearful consequences, not only to themselves but to others, which may ensue. In the case of girls it may be all right that they should go to the altar as ignorant and as 'innocent' as sheep in the old times of burnt offerings; but how about boys? Are they so immaculate that it would be perilous to interfere with those unsophisticated notions respecting sexual matters which they are so prone to imbibe from the social atmosphere in which they move? Would it really be dangerous clearly to define for the average boy of civilization the new responsibilities which devolve upon him at puberty, and to disabuse his mind of the vulgar errors which he is pretty sure to catch by contagion; to point out, for example, that strong appetites, far from being a mark of vigorous manhood, are often an indication of incipient mental disease; and that in giving the rein to his lusts he is impairing the inhibitory power of his brain, and thereby weakening his whole character? But, really, it is by no means boys alone who stand in need of a little sound teaching on such matters; there are multitudes of grown-up men, that consider themselves well-educated, who are, in this respect, singularly ignorant of the hygienic relations of procreation.

"It should not be performed in the hap-hazard fashion in which it is at present, as though children were really 'sent' in a quite 'providential'

manner, and without the intervention of human agency. If the parents be not able to attain to perfect sanity and health, they should at least not perpetrate the initial act of parentage when one or both of them is actually insane, in worse health than usual, or in any degree under the influence of alcohol. The principal responsibility rests with the man in such cases, the 'rights of the husband' often being the wrongs of the wife and the children, and the race in general. It is quite time that those who have the education of the human male should, by some means, drive or hammer it into his dense moral consciousness, that his procreative power was not given him solely as a means of amusement, and that women have other functions besides that of ministering to his, often morbidly excited, appetite."

These are the words of the eminent authorities we have referred to, and they amply justify the support we have always given, in these pages, to those physicians who, out of honest motives, sought to diminish this ignorance; such writers, for example, as Professor WILDER and Dr. NAPHEYS. Now that even in conservative Britain the best men come forward so unmistakably on this subject, we trust that the disproportionate pudicity of our editorial brethren in Louisville and Boston will no longer blind them to the urgency of a real want.

NOTES AND COMMENTS.

"A Remarkable Discourse."

Under this heading we not long since read the following item in a daily paper:—

"FAIR POINT, N. Y., August 10th.—At the National Sunday-school Assembly, Rev. Dr. Hatfield, of Philadelphia, spoke on "The Perils of our Youth," and his remarks were the great feature of the day. One of these perils was ignorance, especially the ignorance of voters. He also referred to impurity and licentiousness, as another source of peril, and then, in closing, spoke of another sin, unknown in Catholic families. There was nothing in heathenism more horrible."

We have repeatedly, in this journal, exposed the false basis on which rests the alleged prevalence of abortion in this country. This unfounded charge was sustained by sensational medical writers, more anxious for notoriety than sedulous for truth or the good name of their country. The census of 1870 proves their incorrectness.

As regards the question of native and foreign fecundity in the United States, Prof. Walker expresses himself very decidedly: "There is not the shadow of a statistical reason for attributing to the native American population, prior to the War of Secession, a deficiency in reproductive vigor compared with any people that ever lived upon the face of the earth."

Phosphorus Poisoning.

Some interesting experiments have recently been made by MM. Thiernesse and Casse on the value of injections of oxygen into the veins as an antidote to phosphorus poisoning, and they found that its power of neutralizing the toxic effect was very great, the symptoms of poisoning soon ceasing. The poison was in some cases injected into the veins dissolved in oil, in others administered by the mouth. The oxygen was at first injected dissolved in defibrinated blood, but it was found that the quantity of oxygen that could be introduced in that way was insufficient to counteract the poison. The injection into the veins of pure oxygen, however, was perfectly successful. The experimenters found it necessary that the gas should be pure, free from all admixture with air, and that it was requisite to introduce it slowly into the circulating current. This quantity necessarily was large, several hundred cubic centimetres being required for an animal weighing twenty pounds. The precise apparatus employed is not described.

Management of Ozena.

Of this disease M. Tillot, of Paris, says therapeutics has not kept up with improved means of diagnosis of the condition of the whole nasal tract by means of specula and the laryngoscopic mirror. The method, however, which he pursues, and with a considerable degree of success, is simply as follows. 1st, Medication directed against the diathetic state of the patient; 2d, free cleansing of the mucous membrane from all crusts of inspissated secretion; and 3d,

direct applications to the membrane. The third object is obtained by means of slightly astringent powders, or by the administration of these substances suspended in water and used in the spray producer. M. Tillot has used for that purpose the mineral waters of St. Christian (Basses Pyrenées), which is a nearly cold, odorless, tasteless water, containing iron and copper, with some traces of iodine and arsenic. He appends several cases, both of simple chronic rhinitis and of ozæna, in which the adoption of this plan has led to considerable relief, and often cure.

Coryza Snuff.

A correspondent of the *Tribune Médicale* declares that he is always able to render an attack of coryza tolerable by the local use of tannin. For adults he employs the following kind of snuff:—

R. Tannin,	gr. ʒ	
Pulv. althææ,	gr. xv	
Tinct. vanillæ,	gtt. iv.	M.

A pinch four or five times a day.

Oxygen in Congestion of the Brain.

Dr. Tamin-Despallès has brought before the Paris Academy a case in which he met with a great success. The patient had cerebral congestion, with complete paralysis of the right side. Pure oxygen was inhaled. After a few inspirations the patient declared he felt better. Gradually the power of movement returned to the paralyzed side. Some hours later an abundant excretion of urine occurred, and the patient was able to stand upright. Ten litres of the gas were inhaled.

A Cure for Drunkenness.

The American *Journal of Pharmacy* says that in Russia, for some time past, *Herba serpylli* (wild thyme) has been used with great success to effect a permanent cure of drunkenness: in case of a relapse (only after years), a short treatment will effect a cure again. The treatment consists in making an infusion of wild thyme (1½ oz. to 1½ pints), and giving the patient a teacupful every half hour. The next day it is given every two hours, and then four to six times a day until the cure is complete, which generally takes from 2 to 3 weeks. The effects are in the following order: vomiting, diarrhoea, increased urine, strong transpiration; then, generally, increased appetite and craving for

acidulous beverages. The diet easily digested food, and lemonade or other acidulous liquids.

Female Attendants on the Insane.

Some English asylums are trying, and with excellent results, the employment of female instead of male attendants in asylums. It has a humanizing effect which is very evident. The Commissioners of Lunacy say, in their Report:—Another arrangement, followed by the most complete success, is the employment of women only in the male infirmary. This ward now contains forty-three inmates, who are attended during the day by four nurses, and who are watched at night by a fifth specially appointed for that purpose, and having no other duties. Nothing could be better than the state of this ward and its inmates."

Effects of the Inhalation of Chloroform during Parturition, on the Fetus.

It is stated in foreign journals, that Dr. Sweifel, of Strasburg, submitted the placenta to analysis, by distillation, in a case where chloroform had been inhaled, and obtained chloroform, recognized by several accurate tests. He has also found that the urine of new-born children whose mothers had used chloroform reduces Fehling's solution, and has, moreover, observed that the expired air of such children has, for several hours, a well-marked odor of chloroform. Dr. Sweifel, arguing from these facts, concludes that the chloroform inhaled by the mother passes into the circulation of the fetus.

Material Reasons.

A writer, Mr. S. M. Bradley, in the *Journal of Mental Science*, pushes the material view of motives to a singular extent. He says:—

"It is easy to understand how disease will often modify or even quite change a man's moral nature. Solomon, with inflamed frontal cells, becomes a raving maniac; and we have but to irritate his parietal cells to turn Diogenes into a pickpocket; excite the cerebellum, and Joseph is turned into Don Juan; the melancholy Jaques is nothing but Mark Tapley under a bilious attack; and a Bismarck is metamorphosed into a Louis XI, by an attack of chorea. The mere presence of some foreign element in the blood will produce pretty much the same effects without special lesion occurring in any part of the nervous system."

CORRESPONDENCE.

FOREIGN.

The British Medical Association.

EDINBURGH, August 6th, 1875.

ED. MED. AND SURG. REPORTER:—

Pursuant to promise, I send you, at the earliest moment, a sketch of the proceedings of the British Medical Association, which commenced its forty-third annual meeting in this city on the third instant. Somewhat over a thousand members were in attendance, and the session has been a spirited one.

On the first day, August 3d, the proceedings opened with service in St. Giles Church, when a sermon was preached by Rev. Dr. W. L. Alexander, Augustine Independent Church. At 3.30 the first general business meeting was held, when Dr. E. Copeman, Norwich, retired from the Presidential chair, which was taken by Sir Robert Christison, Bart., the President-elect. In a long address, which Sir Robert thereafter delivered, he traced the rise and progress of the Edinburgh Medical School, showing what, in his opinion, had been the causes of its success; and afterwards entered on a discussion of the mode of entrance to the medical profession, controverting the proposal to have a "one portal" system, and contending that a number of efficient examining bodies would be of more advantage to all concerned. The report of the Council, which was then presented and adopted, was a very encouraging document. For the past year the income had been £9539, against £8773 in 1873; and the number of new members enrolled had been 859. The number of members now on the list is 6112. In the evening the President's reception took place in the Music Hall and Assembly Rooms, and was attended by over 1600 ladies and gentlemen.

On the next day the Association got into full swing. After a considerable number of the members had spent a portion of the morning in witnessing a demonstration, by Professor Lister, of antiseptic surgery, the second general meeting was held at the University, when, on the recommendation of the Council, it was resolved that next year's meeting be held at Brighton, under the presidency of Sir J. Cordy Burrows. The question of female membership was introduced by Dr. Pemberton, who, alluding to the appearance of two ladies among the contributors of papers, complained of their having been admitted to the Association without the general voice of the body having been taken on the question, and moved that the secretary be instructed to obtain by circular the opinion of every member, Yes or No, as to the admission of female practitioners. After a brief discussion, in which the merits of the question were purposely avoided, the motion was agreed to. Dr. Warburton then delivered an interesting address on the ancient and

modern practice of medicine, after which the members distributed themselves over the various sections, and devoted the afternoon to the reading and discussion of papers. A conversazione, given by the College of Physicians at the Museum of Science and Art, and attended by 1563 ladies and gentlemen, brought the day's proceedings to a close.

The next day, at the convening of the meeting, a report from the Council submitting proposals for a State medical qualification was unanimously adopted. An address was afterwards delivered by Professor Spence, on the progress and present position of surgery. The afternoon was devoted to sectional business. In the Section of Public Medicine, Dr. Lyon Playfair, M. P., gave an address on the relations of Government to public medicine. The question of restraint for habitual drunkards was subsequently raised in this Section, by a paper from Dr. Peddie, and after an animated discussion a resolution was adopted, affirming that legal provision should be made to render such restraint attainable.

The sections have been very active, and many valuable scientific papers have been offered, synopses of which you will find in the Journal of the Association. Yours, OBSERVER.

DOMESTIC.

On "Driving in" Skin Diseases.

ED. MED. AND SURG. REPORTER:—

In No. 960 of your journal you publish an article from Dr. Nye, on "Driving in Skin Diseases." The Dr. seems to view the subject with fear and trembling, and yet his prescription for the single case he reports is bold in the extreme. I will state, in the beginning, that, after a very large experience, of over thirty years, in the observation and treatment of those diseases, and especially those peculiar to young children during the period of dentition, which affect the head and face, I am of the opinion of Dr. McCall Anderson and others, that if they are driven in at all it is seldom and with difficulty, and pustular diseases not at all.

Now the cases reported by Dr. Nye he seems to regard as conclusive, and predicates his opinion upon them. Let us look at them for a moment. In the case that came under his own care as a physician we are informed of the treatment. The child's head, he tells us, was "almost entirely covered with scab;" after some threatening and some solicitation, upon the part of the parents, he prescribed

R. Hydrarg. bichloride, ℥iv. M.
Alcohol,

and directed that it be applied to the parts affected, sparingly, once a day, but instead, it was applied "frequently and freely;" the result was, in a few days constitutional symptoms of a grave character came up, and in less than a week the child died. Now the question natu-

rally arises in my mind, was the *disease driven in*, or was the *medicine taken in*? In such cases there is always more or less raw surface, where the scabs have been removed by washing, rubbing, rolling upon the pillow in bed, scratching, from a desire to appease the itching in the parts, and thus the absorbents are laid bare. Now would Dr. Nye or any one else give a portion, ever so small, of the above recipe to a child, or any one else, hypodermically? And where is the difference? Is it not so used when applied to a raw sore when the scab has been removed? The first case reported had been thoroughly prepared, so to speak, and was consequently much more speedy in its termination. The parts had been soaked with poultices during the day; the absorbents, by the application of warmth and moisture, fully aroused to action, and when the wash, as he says, was applied in the evening, they were ready at once to do their work, and did it, most effectually, as the sequel proved. Query: Could the disease in this case have been driven in in an hour's time, so as to affect an internal vital organ to the extent of causing the child's death? Did the disease disappear from the surface? We are not informed that it did: or, was the medicine applied to the surface *taken in*? These are questions, to my own mind, easy of solution. I leave the reader, however, to solve them for himself.

While considering this subject I will, if you consider the remarks worthy of your columns, give some of my own experience in the treatment of those eruptions peculiar to children during the period of dentition: and this I cannot do more clearly and briefly than by quoting some remarks by the writer, published in the *Chicago Medical Journal*, vol 21, p. 276, June 1864, and from which I have not since seen proper to deviate.

"I have, during the last fifteen years, treated many cases of these diseases, of various grades of violence, and have found more good resulting from the use of creasote than from all other articles which I have used. (I took the suggestion to use creasote from the well-known virtues of the tar cap in *porrigo scutulata*).

"The diseases in which I have found it more particularly useful are *impetigo*, and *porrigo*, and more especially of these, *porrigo larvalis* of Millan and Bateman, or *impetigo larvalis* of the French writers. This variety, affecting young children during dentition, is a source of much annoyance both to nurses and doctors, to say nothing of the more serious consequences which may result from its long continuance and neglect, when it seems to baffle alike the skill of practitioner and nurse.

"This variety (for a description see Wood's *Practice of Medicine*) sometimes discharges fluid so copiously that scabs cannot form; it is in such cases that I have found the creasote to act most advantageously, as also in the particular cases of eruption of the scalp. I have been much gratified with its results. Indeed, it has given entire satisfaction in almost every

case where I have been able to fairly test its virtues. The manner in which I have found it most beneficial is in the form of an ointment, prepared according to the following formula:—

R. Adeps preparata, ʒj
Creasote, gtt.xxv.

Mix on a clean tile or plate until the two are thoroughly incorporated; apply the ointment with a camel's hair-pencil, or the tip of the finger, to the parts affected, twice a day, cleansing them well with fine soap and rain water once a day. If the ointment in this proportion should be too strong for the particular case to which it is applied, the inflammation will be increased; this should be an indication for lessening the creasote. If, on the contrary, it is too weak, the eruption will heal very slowly, or not at all, which is an indication for greater strength."

During this treatment I have almost invariably given Fowler's solution internally, in the following manner, viz: to a child from two to six months old, gtt.j; from six to eighteen months, gtt.iss; from eighteen to twenty-four months, gtt.ij, three times a day, to be continued from three to six months, as may be indicated. As children in the condition above considered, though healthy at first, generally grow pale and sickly as the disease is protracted, and will, in some instances, succumb eventually, the use of Fowler's solution, or something similar, would be very apparent, in view of its well-known efficacy in promoting nutrition and assimilation. J. E. LYONS, M. D.

Huntington, Ind., August 6th, 1875.

Medical Notes from Albany.

ED. MED. AND SURG. REPORTER:—

The water supply, its condition and character, has been discussed very freely by the profession here for the last two years. The politicians and authorities, after asking the opinions of the medical societies, ignored them altogether, and notwithstanding the protest against it, have laid down elaborate pipes and apparatus for supplying the city with water from the river. The river, within six miles, receives the drainage of eighty thousand population and numerous factories, with two large canals, and the Mohawk river, the current being slow, and the descent small. From this stream of pollution, Albany is to receive the water for all purposes. The location of the city is admirable for natural drainage, and the general health of the city is good. As in the larger cities, the rivalry of hospitals and hospital staffs affords an outlet for the combativeness of the profession. The City Hospital (the oldest institution) has been recently enlarged, and several new wards fitted up in excellent style, one for children, quite a model in its way; also the steam elevators, and apparatus for heating, ventilation, etc. St. Peter's Hospital, under the charge of the Sisters of Mercy, has been very much improved and enlarged. Although both hospitals have ample room, yet, a third, called Children's Hospital,

has been organized. The Medical College, since its consolidation with Union College, in what is called the Union University, has materially grown stronger. Its classes are larger, and the curriculum has improved. The faculty advertise that next year they will require all students to pass examination on entering, or bring certificate of academic studies of the standard adopted by the board of Regents of the State of New York. Of the faculty, probably Prof. J. H. Armsby, the President, is best known. He has been a medical lecturer in this and the old college at Castleton for nearly forty years. As a lecturer on anatomy, he has had but few equals in the country. Since the death of Prof. Alden Marsh, he has taught surgery with the same grace and perspicuity. This college possesses one of the best museums of pathological specimens in the country. Years ago the faculty vied with each other in presenting yearly to the museum collections of natural specimens to illustrate subjects, etc.

It is to be regretted that the same spirit does not prevail at present. A photographic gallery is attached to the college and hospital, where specimens of healthy and morbid tissue are photographed on glass, and subsequently used for class illustrations. Besides surgery and ophthalmology, no other specialties are followed exclusively here, the profession doing general practice as it comes. There are three dispensaries and two infirmaries, which give free services and medicines to the poor. They are crowded generally from day to day. A large number of surgical cases are constantly here from the neighboring towns, and the terminus of the canals and railroads make this a centre of medical importance. An opposition party secured a charter for another medical college two years ago, but so far have not attempted to put it in active operation. A few years ago Albany was reported to have more old men in active practice than any other town in the country. This is now reversed, and not more than half a dozen men in the neighborhood of sixty are doing any practice. In a Western town of a few years' growth, this is not unusual. But here, where society has become fixed and fossilized through the changes of two centuries, (Albany being the second oldest town in the United States) it is almost anomalous. C. T.

NEWS AND MISCELLANY.

Leech Hunting in Pennsylvania.

This is a local industry along the lower Delaware. Pennsylvania leeches are considered the best native sort, and our hunters supply the Middle States as well as their own. They have several methods of catching them, such as driving horses and cattle through shallow runs, when the leeches take hold of their fetlocks. Another ready means of taking them is by laying a bait of liver in the water, of which the leech is very fond; but the surest and quickest

way is to stir them up out of the mud and scoop them out with a small net on the end of a pole.

The worthless horse leech has not diminished, but luxuriates in swarms, being permitted to live unmolested save by its natural enemies. They are all black, and easily distinguished from the medical species of commerce, which is about as long as the index finger of a lady's hand. Its skin is also black, but it is edged with a yellow line on each side and yellowish spots on the back; and the belly, which is of a neutral red, is also marked with yellow spots.

As they are only caught in the spring and during the early part of the summer, it is necessary to lay in a winter supply, which is placed in a covered glass jar, to admit light, and the water changed three times a day. They require no other sustenance, deriving their food alone from the unseen things of the water.

Medical Exclusiveness in Chili.

Our esteemed correspondent, Dr. Gazzo, of Louisiana, informs us that, by a decree of the government of Chili, no physician holding foreign diplomas will be permitted to practice in that Republic. Our correspondent justly condemns this narrow policy.

Situation Open.

A capable young or middle-aged physician can obtain a post as assistant in a private Hospital for mental disease. Salary \$500 per year, and found. Address the editor of this journal.

Personal.

—Prof. Lister, of antiseptic fame, has been making a tour which might be called a triumph, through Germany. The faculty and students in Leipzig gave him a banquet, garnished with original poetry, of which we append a couple of stanzas:—

Scalpi ren ist jetzt ein Plaisier;
Die Kopfhaut heilt per primam schier,
Und progressive Eiterung,
Kennt man nur nach der Schilderung.

Laudoria, Laudoria,
Die goldne Zeit ist wieder da.

Das winzige Bacterienvieh,
Für immer ist es todt. Hi, hi!
Der Lister hat es umgebracht.
Ein Hoch ihm, das den Saal durchkragt!

Laudoria, Laudoria,
Ein Hoch ihm, diesem Hopsasa!

QUERIES AND REPLIES.

Dr. Geo. W. H., of Kansas.—You are right in your condemnation of the physicians who published, or permitted to be published, the account of the operation. But it would be useless to call public attention to it, beyond that of the medical societies to which they belong.

Dr. W. R., of Mass.—We understand the *Myrtus Acris* to be meant.